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BURR.COM

June 15, 2021

VIA HAND-DELIVERY

Ms. Jocelyn Boyd
Chief Clerk and Administrator
South Carolina Public Service Commission
Synergy Business Park, The Saluda Building
101 Executive Center Drive
Columbia SC 29210

**Re: Federal Communications Commission WC Docket No. 10-90
Copies of Information Required to be Filed with the FCC, USAC,
and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304
Docket No. 2013-244-C**

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

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SC PUBLIC SERVICE
COMMISSION

ACCEPTED FOR PROCESSING - 2021 June 17 9:49 AM - SCPSC - 2013-244-C - Page 1 of 86

Ms. Jocelyn Boyd
June 15, 2021
Page 2

Very truly yours,

Burr & Forman LLP


Margaret M. Fox

MMF/khh

Enclosures

cc: Jeffrey M. Nelson, Esquire, ORS

Ms. Jocelyn Boyd
June 15, 2021
Page 3

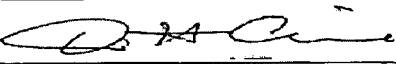

South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.
Chesnee Telephone Company
Chester Telephone Company, d/b/a TruVista
Comporium, Inc. (f/k/a Rock Hill Telephone Company)
Farmers Telephone Cooperative, Inc.
Ft. Mill Telephone Company, d/b/a Comporium
Hargray Telephone Company, Inc.
Home Telephone ILEC, LLC d/b/a Home Telecom
Horry Telephone Cooperative, Inc.
Lancaster Telephone Company, d/b/a Comporium
Lockhart Telephone Company, d/b/a TruVista
Palmetto Rural Telephone Cooperative, Inc.
Piedmont Rural Telephone Cooperative, Inc.
PBT Telecom, d/b/a Comporium
Ridgeway Telephone Company, d/b/a TruVista
Sandhill Telephone Cooperative, Inc.
West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

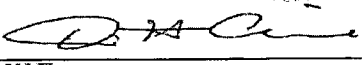

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Bluffton Telephone Company	
Signature of Authorized Officer			Date June 8, 2021
Printed name of Authorized Officer		David H. Armistead	
Title or position of Authorized Officer		SVP, Hargray	
Telephone number or Authorized Officer.		(843) 686-1275 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240512		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

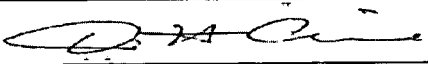
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Bluffton Telephone Company	
Signature of Authorized Officer			Date June 8, 2021
Printed name of Authorized Officer		David H. Armistead	
Title or position of Authorized Officer		SVP, Hargray	
Telephone number of Authorized Officer.		(843) 686-1275 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240512		Filing Due Date for this form (mm/dd/yyyy) 06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

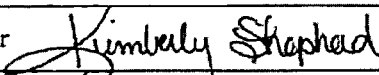


Name of Reporting Carrier		Bluffton Telephone Company	
Signature of Authorized Officer		 Date June 8, 2021	
Printed name of Authorized Officer		David H. Armistead	
Title or position of Authorized Officer		SVP, Hargray	
Telephone number of Authorized Officer.		(843) 686-1275 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240512	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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SEE 2021 TARIFF DATA ON ENCLOSED DISC

Chesnee Telephone Company
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Chesnee Telephone Company, Inc. d/b/a Chesnee Communications	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Kimberly Shepherd		
Title or position of Authorized Officer			Chief Executive Officer		
Telephone number of Authorized Officer.			860-46-1113 ext. _____		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

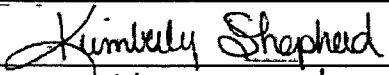

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Chesnee Telephone Company, Inc. d/b/a Chesnee Communications	
Signature of Authorized Officer		<div style="display: flex; align-items: center;"> <div style="margin-left: 10px;"> Date 6/9/2021 </div> </div>	
Printed name of Authorized Officer		Kimberly Shepherd	
Title or position of Authorized Officer		Chief Executive Officer	
Telephone number of Authorized Officer.		820-810-6663 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240515	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).


Name of Reporting Carrier				Chesnee Telephone Company, Inc. d/b/a Chesnee Communications	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Kimberly Shepherd		
Title or position of Authorized Officer			Chief Executive Officer		
Telephone number of Authorized Officer.			320 876-1413 ext. _____		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

SEE 2021 TARIFF DATA ON ENCLOSED DISC

TruVista Communications, Inc.,
f/k/a Chester Telephone Company
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	TruVista Communications, Inc. f/k/a Chester Telephone Company		
Signature of Authorized Officer	Eric Ramey	Digitally signed by Eric Ramey Date: 2021.06.14 15:21:47 -04'00'	Date 6/14/2021
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	VP – Regulatory & Administration		
Telephone number of Authorized Officer.	(803) 581-9152		
Study Area Code of Reporting Carrier	240516		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Comporium, Inc.

Connect America Fund Certifications and Tariff Data

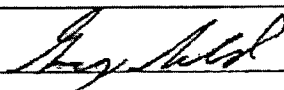
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(_803) _326-7170 ext.

Study Area Code of Reporting Carrier

240542



Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803 _) _326-7170 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

240542

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

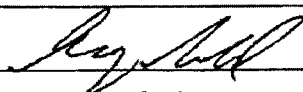
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240542



Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

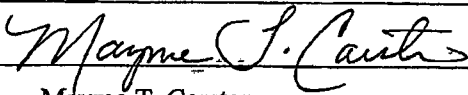
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Farmers Téléphone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

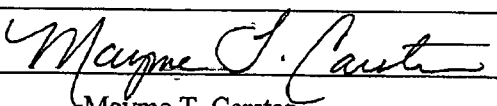
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mayme T. Carsten	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number or Authorized Officer.		(843) 382 1380 ext. _____	
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

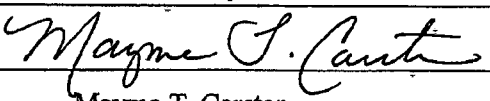
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mayme T. Carsten	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer.		(843) 382 1380 ext. _____	
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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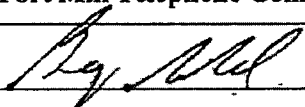

Name of Reporting Carrier		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mayme T. Carsten	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer.		(843) 382 1380 ext. _____	
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/16/20210
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

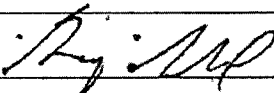
Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240521		Filing Due Date for this form (mm/dd/yyyy)
		06/16/2021	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) _326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240521



Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

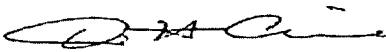

Name of Reporting Carrier		Fort Mill Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date 06/03/2021	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _	
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Hargray Telephone Company, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

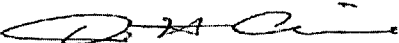

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Hargray Telephone Company	
Signature of Authorized Officer		 <div style="float: right; text-align: right;"> Date June 8, 2021 </div>	
Printed name of Authorized Officer		David H. Armistead	
Title or position of Authorized Officer		SVP, Hargray	
Telephone number of Authorized Officer.		(843) 686-1275 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240523	 Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

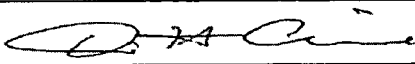
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Name of Reporting Carrier				Hargray Telephone Company	
Signature of Authorized Officer					Date June 8, 2021
Printed name of Authorized Officer			David H. Armistead		
Title or position of Authorized Officer			SVP, Hargray		
Telephone number or Authorized Officer.			(843) 686-1275 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240523		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Name of Reporting Carrier		Hargray Telephone Company	
Signature of Authorized Officer			Date June 8, 2021
Printed name of Authorized Officer		David H. Armistead	
Title or position of Authorized Officer		SVP, Hargray	
Telephone number of Authorized Officer.		(843) 686-1275 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240523	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

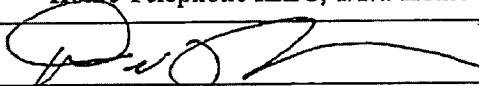
Home Telephone ILEC, LLC d/b/a Home Telecom
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

6/4/2021

Printed name of Authorized Officer

Denny Thompson

Title or position of Authorized Officer

Director of External Affairs

Telephone number of Authorized Officer.

(843) 761 9173 ext. _____

Study Area Code of Reporting Carrier

240527



Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

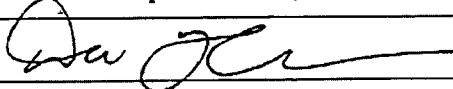
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

6/4/2021

Printed name of Authorized Officer

Denny Thompson

Title or position of Authorized Officer

Director of External Affairs

Telephone number of Authorized Officer.

(843) 761.9173 ext. _____

Study Area Code of Reporting Carrier

240527

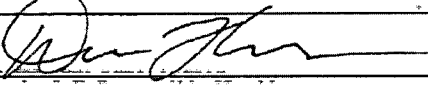
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

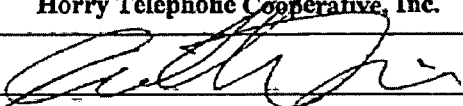
Name of Reporting Carrier		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		Date	
		6/4/2021	
Printed name of Authorized Officer		Denny Thompson	
Title or position of Authorized Officer		Director of External Affairs	
Telephone number or Authorized Officer.		(843 __) 761.9173 ____ ext. ____	
Study Area Code of Reporting Carrier	240527	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Horry Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

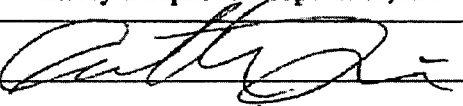

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer			
		Date	6/9/2021
Printed name of Authorized Officer		Carlton Lewis	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(843) 365 2151 ext. ____	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

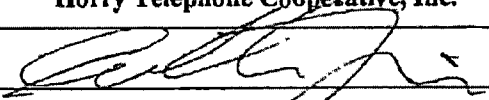

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Date		6/9/2021	
Printed name of Authorized Officer		Carlton Lewis	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(843) 365 2151 ext. _____	
Study Area Code of Reporting Carrier	240528		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Date		6/9/2021	
Printed name of Authorized Officer		Carlton Lewis	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(843) 365 2151 ext. _____	
Study Area Code of Reporting Carrier	240528		Filing Due Date for this form (mm/dd/yyyy)
		06/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Lancaster Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer

Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240531

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer 

Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170 _____ ext. _____

Study Area Code of Reporting Carrier

240531

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

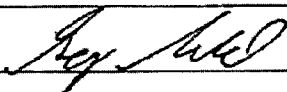
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240531

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303


Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications			
Signature of Authorized Officer	Eric Ramey <small>Digitally signed by Eric Ramey Date: 2021.06.14 15:55:11 -04'00'</small>	Date 6/14/2021		
Printed name of Authorized Officer	Eric Ramey			
Title or position of Authorized Officer	VP – Regulatory & Administration			
Telephone number of Authorized Officer.	(803) 581-9152			
Study Area Code of Reporting Carrier	240532		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer	Eric Ramey <small>Digitally signed by Eric Ramey Date: 2021.06.14 15:54:57 -0400</small>	Date 6/14/2021	
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	VP – Regulatory & Administration		
Telephone number of Authorized Officer.	(803) 581-9152		
Study Area Code of Reporting Carrier	240532		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications			
Signature of Authorized Officer	Eric Ramey <small>Digitally signed by Eric Ramey Date: 2021.06.14 15:54:44 -04'00'</small>	Date 6/14/2021		
Printed name of Authorized Officer	Eric Ramey			
Title or position of Authorized Officer	VP – Regulatory & Administration			
Telephone number of Authorized Officer.	(803) 581-9152			
Study Area Code of Reporting Carrier	240532		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Palmetto Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

<p align="center">Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p> <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.</p>			
<p>Dewaine Wilson</p>		<p>Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.us, o=palmetto rural tel. coop., Inc., Date: 5/20/2021</p>	
<p>Signature of Authorized Officer:</p>		<p>Date: 5/20/2021</p>	
<p>Printed name of Authorized Officer: Dewaine Wilson</p>			
<p>Title or position of Authorized Officer: Controller</p>			
<p>Telephone number of Authorized Officer: 843 538-9382</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>240536</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2021</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p align="center">Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
<p>Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.</p>			
<p>Dewaine Wilson</p>		<p>Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@ptc.us, o=palmetto rural tel. coop., inc., c= , Date: 5/20/2021</p>	
<p>Signature of Authorized Officer or employee:</p>		<p>Date: 5/20/2021</p>	
<p>Printed name of Authorized Officer or employee: Dewaine Wilson</p>			
<p>Title or position of Authorized Officer or employee: Controller</p>			
<p>Telephone number of Authorized Officer or employee: 843 538-9882</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>240536</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2021</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p align="center">Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>			
<p>Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.</p>			
<p>Dewaine Wilson.</p>		<p>Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.us, o=palmetto rural tel. coop., Inc., Date: 5/20/2021</p>	
<p>Signature of Authorized Officer or employee:</p>		<p>Date: 5/20/2021</p>	
<p>Printed name of Authorized Officer or employee: Dewaine Wilson</p>			
<p>Title or position of Authorized Officer or employee: Controller</p>			
<p>Telephone number of Authorized Officer or employee: 843 538-9382</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>240536</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2021</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Piedmont Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date June 3, 2021	
Printed name of Authorized Officer			
Randall Lis			
Title or position of Authorized Officer			
General Manager			
Telephone number or Authorized Officer.		(864) 683 3700 ext. _____	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer

Randall Lis

Date June 3, 2021

Printed name of Authorized Officer

Randall Lis

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer.

(864) 683 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538



Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

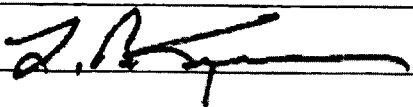
Name of Reporting Carrier		Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date June 3, 2021	
Printed name of Authorized Officer		Randall Lis	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(864) 683 3700 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2021 TARIFF DATA ON ENCLOSED DISC

PBT Telecom, d/b/a Compörüm
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

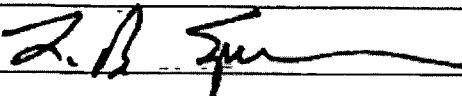
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		PBT Telecom, Inc.	
Signature of Authorized Officer			
Date		06/07/2021	
Printed name of Authorized Officer			
L.B. Spearman			
Title or position of Authorized Officer			
Vice President			
Telephone number or Authorized Officer.			
(803) 210-5528 _____ ext. _____			
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		PBT Telecom, Inc.	
Signature of Authorized Officer		Date	06/07/2021
Printed name of Authorized Officer L.B. Spearman			
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer.		(803) 210-5528 ext. _____	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).


Name of Reporting Carrier				PBT Telecom, Inc.	
Signature of Authorized Officer					Date 06/07/2021
Printed name of Authorized Officer L.B. Spearman					
Title or position of Authorized Officer Vice President					
Telephone number of Authorized Officer. (803) _210-5528 _ _ _ _ _ ext. _ _ _ _ _					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)		06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

SEE 2021 TARIFF DATA ON ENCLOSED DISC

Ridgeway Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303


Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer	Eric Ramey	<small>Digitally signed by Eric Ramey Date: 2021.06.14 15:53:02 -04'00'</small>	Date 6/14/2021
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	VP – Regulatory & Administration		
Telephone number of Authorized Officer.	(803) 581-9152		
Study Area Code of Reporting Carrier	240541		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications			
Signature of Authorized Officer	Eric Ramey <small>Digitally signed by Eric Ramey Date: 2021.06.14 15:52:45 +04'00'</small>	Date 6/14/2021		
Printed name of Authorized Officer	Eric Ramey			
Title or position of Authorized Officer	VP – Regulatory & Administration			
Telephone number of Authorized Officer.	(803) 581-9152			
Study Area Code of Reporting Carrier	240541		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery


I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications		
Signature of Authorized Officer	Eric Ramey	Digitally signed by Eric Ramey Date: 2021.06.14 15:52:29 -04'00'	Date 6/14/2021
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	VP – Regulatory & Administration		
Telephone number of Authorized Officer.	(803) 581-9152		
Study Area Code of Reporting Carrier	240541		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


SEE 2021 TARIFF DATA ON ENCLOSED DISC

Sandhill Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAP ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: SANDHILL TEL. COOP., INC.				
Signature of Authorized Officer: Lee Chambers		Digitally signed by Lee Chambers DN:cn=Lee Chambers, email=lee.chambers@mysandhill.net, o=sandhill tel. coop., inc., c=Jefferson SC 29718, Date: 5/19/2021		Date: 5/19/2021
Printed name of Authorized Officer: Lee Chambers				
Title or position of Authorized Officer: CEO/Manager				
Telephone number of Authorized Officer: 843-658-8379				
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier: SANDHILL TEL COOP., INC.				
Signature of Authorized Officer or employee: Leó Chambers		Digitally signed by Leó Chambers DN:cn=Leó Chambers, email=leo.chambers@my.sandhill.net, o=sandhill tel. coop., inc., st=Jefferson GC 28718, Date: 5/19/2021		Date: 5/19/2021
Printed name of Authorized Officer or employee: Lee Chambers				
Title or position of Authorized Officer or employee: CEO/Manager				
Telephone number of Authorized Officer or employee: 843-658-6379				
Study Area Code of Reporting Carrier	240548		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).				
Name of Reporting Carrier: SANB HILL TEL. COOP., INC.				
Signature of Authorized Officer or employee:		Lee Chambers <small>Digitally signed by Lee Chambers DN: cn=Lee Chambers, email=lee.chambers@my.sanbhill.net, o=Sanb Hill Tel. Coop., Inc., c=Jefferson SC 28718, Date: 5/19/2021</small>	Date: 5/19/2021	
Printed name of Authorized Officer or employee: Lee Chambers				
Title or position of Authorized Officer or employee: CEO/Manager				
Telephone number of Authorized Officer or employee: 843-658-6379				
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

SEE 2021 TARIFF DATA ON ENCLOSED DISC

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		West Carolina Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer			
		Date	6/3/2021
Printed name of Authorized Officer		Lance A. Tade	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer.		(864) 446-9256 ext. _____	
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/3/2021

Printed name of Authorized Officer

Lance A. Tade

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(864) 446-9256 ext. _ _ _ _

Study Area Code of Reporting Carrier

240550

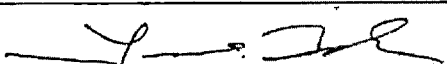

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		West Carolina Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer			
		Date 6/3/2021	
Printed name of Authorized Officer		Lance A. Tade	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer.		(864) 446-9256 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240550		Filing Due Date for this form (mm/dd/yyyy)
		06/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2021 TARIFF DATA ON ENCLOSED DISC